## PART B - FEE(S) TRANSMITTAL

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SAN JUSE, CA	95134					(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	3	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/733,143 12/11/2003 TITLE OF INVENTION: TEMPERATURE COMPENSATION CIRCU			David Meltzer F		NP006	7388	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL PROCESSION		
nonprovisional	NO	\$1400	\$300	\$0			
<u> </u>			·	<sub>\$0</sub>	\$1700	10/18/2006	
EXAMINER ART UNIT  SHINGLETON, MICHAEL B 2817			CLASS-SUBCLASS	J			
SHINGLETON, MICHAEL B 2817  1. Change of correspondence address or indication of "Fee Address" (37)			331-076000				
TR 1.363).  Change of corresp Address form PTO/SI	ondence address (or Cha 3/122) attached.	nge of Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a				
Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
B. ASSIGNEE NAME A  PLEASE NOTE: Unl recordation as set fort	ND RESIDENCE DATA less an assignee is identi h in 37 CFR 3.11. Comp	A TO BE PRINTED ON The field below, no assignee detion of this form is NO	THE PATENT (print or ty)  data will appear on the p T a substitute for filing an	pe) atent. If an assigne assignment	e is identified below, the d	document has been filed for	
(A) NAME OF ASSIGNEE Seiko Epson Corporation			(B) RESIDENCE: (CITY and STATE OR COUNTRY) Tokyo, Japan				
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🙀 Cor	poration or other private gr	oup entity [ ] Government	
a. The following fee(s) are submitted:			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)				
XX Issue Fee XX Publication Fee (No small entity discount permitted)			☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.				
☐ Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-2746 (enclose an extra copy of this form).				
a. Applicant claim	tus (from status indicated s SMALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no lon	ger claiming SMAL	L ENTITY status. See 37 C	FR 1.27(g)(2).	
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Authorized Signature	Man		Date	10/12/06			
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